

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14726

State File No. 0513037

FILED MAY 13 1953		BIRTH NO. 30064		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 222			
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY JASPER							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN 0495							
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 1716 MISSOURI 0							
3. NAME OF DECEASED (Type or Print) INFANT				a. (First)		b. (Middle)		c. (Last) WATSON		4. DATE OF DEATH (Month) (Day) (Year) MAY 5, 1953	
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT 0		8. DATE OF BIRTH MAY 5, 1953		9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JOPLIN, Mo. 0				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JACK T. WATSON				13b. MOTHER'S MAIDEN NAME DELORES LEWIS				14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JACK T. WATSON, 1715 Mo., JOPLIN					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH At Birth Congenital	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 7620						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 5-5, 1953, to 5-5, 1953, that I last saw the deceased alive on 5-5, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.											
23a. SIGNATURE Alice H. Wilson MD				23b. ADDRESS 1923 Sergeant				23c. DATE SIGNED 5-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-6-53		24c. NAME OF CEMETERY OR CREMATORY FOREST PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MO.					
DATE REC'D BY LOCAL REG. 5-9-53		REGISTRAR'S SIGNATURE Ed S. Jarner 138		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-12-53  
Jasper County Health Office

County File Number 53-5-407

Date Filed 5-12-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed *F. M. Jones*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2319*

P. O. Address *Jasper Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.